		MPLIANCE ASSURANCE BRANCH C	ASE FILE REQUEST
FROM: L. FENS	000	DATE: ——	
ENGINEER:	* 1	PHONE:	
ATTORNEY:	***************************************	PHONE:	3-5139
CHECK APPROPRIATE BOX		COMPLETE IN FUL	PATERPILLAR
STATE:		SOURCE NAME:	
☐ MINNESOTA	OHIO		
ILLINOIS	☐ INDIANA	DIVISION OR FAC	IUTY:
☐ MICHIGAN	☐ WISCONSIN		Tauret
	:	CITY OR COUNTY	1: JOLIET
SIP ENFORCEMENT REVIEW FILE	CONFIDENT INFORMATI		
□ NESHAP	POLLUTAN	and the second of the second o	
FOR CASE FILES CHECK A			
□ INDEX		4 LETTER/RESPONSES	INSPECTIONS BY DATE
□ FOV/NOV	19		113 CONFERENCE NOTES
☐ CONSENT DECREE/ORD			MISCELLANEOUS
☐ STACK TEST/SAMPLE/	9		COMPLAINTS/DEFENDANTS RESPONS
51 11 11 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	OC FORMI LI RE		COM Datiology French and
DISCOVERY SECTION:	g P	3 U	8 ∰ #
a) Interrogatories filed separation of US EPA	rately by company	d) Document produced (d) Documents produced	by US EPA by Defendant(s)
CHECK APPROPRIATE BOX:	: This is a:		
☐ REQUEST FOR FILE	Fa	9 4 (m. %)	20
- heddest row rice	Date File is Neede	a by:	
	Other: —		-
	4670-01-1-1		
☐ REQUEST TO OPEN A N	IEW FILE (Be sure to	supply information requested above	/e.)
REQUEST TO ADD MAT	TERIAL TO AN EXIST	TING FILE	
SPECIAL FILING INSTRUCT	ions:		
	1		
		2 2	
		<i>f</i>	



10/04/2002

Enforcement Tracking System Activity Form

	Activity Form	
Enforcement Activity:	Certification	
Status:	Review Completed	
Company Name: Street Address: City, State, Zip Code	CATERPILLAR INC - JOLIET 2200 CHANNAHON ROAD JOLIET, IL 60436	
Technical Contact:	Lucille Penson	
EJ? Priority/Sector: Geographic Initiative Area:	No None	
Air Program(s):	Title V	Air Programs Listed in AFS: (MVO) ?
Pollutant(s): Citizens Award Requested?	FACIL	for: 1719700136
Type of Certification	● Title V ○ FESOP	
Certification Year:	2001	Date Permit Issued:
Date Certification Due:	05/01/2002	CC Action Number
Date Certification Received:	10/02/2002	999
Reported Compliance Status:	Continuous Compliance	
Deviation(s) Reported?	○ Yes ● No	
Date Assigned:	10/04/2002	
Date Review Due:	10/19/2002	
		ER Action Number
Evaluation Completed:	10/04/2002	
Compliance Determination:	Violation	999
Next Step:	PROCEDURA 2001 Title V Annual Complian	L VIOLATION ce Certification was submitted late.
	Monitor IEPA's handling of viol	ation.

1



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF AIR POLLUTION CONTROL COMPLIANCE AND SYSTEMS MANAGEMENT SECTION 1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276

RECEIVED

OCT 0 2 2002

AIR ENFORCEMENT BRANCH, US. EPA, REGION 5

	FOR AGENCY USE ONLY
	ID NUMBER:
CAAPP ANNUAL COMPLIANCE CERTIFICATION	PERMIT#:
	DATE:
CLEAN AID ACT DEDMIT DDGCDAM (CAADD) DEGLIDES THAT EA	CH CAAPP PERMIT HOLDER SUBMIT AN ANNUAL COMPLIANCE CERTIFICATION FOR ALL

THE CLEAN AIR ACT PERMIT PROGRAM (CAAPP) REQUIRES THAT EACH CAAPP PERMIT HOLDER SUBMIT AN ANNUAL COMPLIANCE CERTIFICATION FOR ALL EMISSION UNITS AT THE SOURCE AS REQUIRED BY 40 CFR 70.6 (c) (5), 39.5 (7) (p) (v) OF THE ENVIRONMENTAL PROTECTION ACT AND CAAPP PERMIT CONDITION 9.8. THE COMPLIANCE CERTIFICATION REPORTING PERIOD IS JANUARY 1 TO DECEMBER 31 AND IS DUE ON OR BEFORE MAY 1 FOR THE PRECEDING CALENDAR YEAR. THIS CERTIFICATION FORM CAN BE USED BY FACILITIES TO SATISFY THIS REQUIREMENT.

SOURCE INFORMATION					
1) SOURCE NAME: Caterpillar In					
2) SOURCE ADDRESS: 2200 Channahon Rd.					
3) CITY: Joliet		4) COUNTY: Will			
5) TOWNSHIP: Joliet	6) STATE: IL	7) ZIF	ODE: 60436		
8) DATE FORM PREPARED: Sept. 30,	2002 -	9) SOURCE ID NO. : 1978	BO9AAC		
10) CAAPP PERMIT NO.: 95120095					
11) CALENDAR YEAR OR REPORTING PERIOD COVERED BY THIS REPORT:					
2001					
SOURCE COMPLIANCE INFORMATION					
(a) X During the entire reporting period, this source was in continuous compliance with ALL terms and conditions contained in its CAAPP permit. The method used to determine compliance for each term and condition is the method specified in the permit. NOTE: If (a) is selected, completion of Table 1 is optional. Table 2 does not need to be completed.					
(b) With the exception of the items identified in Table 1 and Table 2, this source was in continuous compliance with all terms and conditions contained in the permit. The method used to determine compliance for each term and condition is the method specified in the permit, unless otherwise indicated. NOTE: If (b) is selected, complete Tables 1 and 2 for those units and/or activities that are in intermittent or noncompliance status.					

ATTACH	MENTS	·		
13) Are you submitting any attachments with this report?	Yes		No	X 0
		_		<i>A-</i>
If yes, please list the attachments below:				
	····			
COMPLIANCE CERTIFICA	TION REPO	ORT M	IAII ING	
14) In addition to submitting the Compliance Certification repo				stems Management Section
(CASM), a copy of the Compliance Certification report mu appropriate IEPA regional field office. Addresses are liste	ist also be s	ubmitte	ed to the U	SEPA Region 5 and the
Please check the appropriate boxes.				
A copy of the Compliance Certification report has been subn	itted to USE	EPA.		•
Yes	; (X)	No		
A copy of the Compliance Certification report has been subn	itted to the	approp	oriate IEPA	regional field office.
	_		_	
Ye	S 🗓	No		
SOURCE CON' 15) NAME OF TECHNICAL CONTACT PERSON FOR THIS REPORT:				
10) NAME OF PEOPLICAL CONTROL PRODUCTION THE RELIGION.	Kevin M.	Benn	ett	
16) TECHNICAL CONTACT PERSON TITLE:	17) CONTAC	TPERS	ON'S TELEPI	HONE NUMBER:
Environmental Engineer	(81	5) 7	29-6453	
	- 11/0 0/01		E 51 661	
COMPLIANCE STATEMENT NOTE: A RESPONSIBLE OFFICIAL MUST SIGN THIS COMPLIANCE CERTIFICAT				FICATIONS WILL BE RETURNED AS
INCOMPLETE.	0,10,10,10,10			
18) I certify under penalty of law that this document and all a				
supervision in accordance with a system designed to as evaluated the information submitted. Based on my inqu				
gathering the information, the information submitted is, t				
complete. I am aware that there are significant penalties				
fine and imprisonment for knowing violations.				
AUTHORIZED SIGNATURE:				
	D			w _ tu
BY:	Busine	ss un	iit Manag	Jer .
AUTHORIZED SIGNATURE			TITLE OF SI	GNATORY
Jim D. Waters	_10		ı	12001
TYPED OR PRINTED NAME OF SIGNATORY			DA	ATE

Printed on Recycled Paper 401-CAAPP

AIR ENFORCEMENT AND COMPLIANCE ASSURANCE BRANCH CASE FILE REQUEST

FROM: L. T. Penso	On purpose the second	DATE:	oka di perantakan darah
ENGINEER:	- INALEDASSIUM DE SENERE CONTRACTOR DE L'ANCION DE L'A	PHONE:	
ATTORNEY:	EROSÁ Á ÁRI-O (III. III. A COSTA Á ÁRI-O (III. III. III. III. III. III. III. II	3-5139 PHONE:	and the state of t
CHECK APPROPRIATE BOX STATE:	g a	COMPLETE IN FULL DATER SOURCE NAME:	PULAR
☐ MINNESOTA	OHKO		INC
LUNOIS	C INDIANA	DIVISION OR FACILITY:	
☐ MICHIGAN	☐ WISCONSIN		
SIP ENFORCEMENT REVIEW FILE	CONFIDENTIAL BUSINESS INFORMATION (CBI)	CITY OR COUNTY: JOUR	
[] NESHAP	Č POLLUTANT		
FOR CASE FILES CHECK AP	PROPRIATE BOX	•	
O INDEX	O 114 LETTERATES	PONSES INSPECTIONS BY	DATE
□ FOVMOV	II CHECKLIST	☐ 113 CONFERENC	E NOTES
O CONSENT DECREE/OF DE	R C REGULATION	THE MISCELLANEOUS	
O STACK TEST/SAMPLE/CO	OC FORM [] PEFERRAL	COMPLAINTS/DE	FENDANTS RESPO
DISCOVERY SECTION:			
a) Interrogatories filed separa b) Deposition of US EPA C	ataly by company C c) (d) (d)	Document produced by US EPA Documents produced by Defendant(s)	
CHECK APPROPRIATE BOX:	This is a:		
☐ REQUEST FOR FILE	Date File is Needed By:	opanakanatanamente wahanimi cambinatari tirasi kumun katutungang katukuntunga espiningan nata gapin katutunga	
	Other:		9 33
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☐ REQUEST TO OPEN A NE	W FILE (8e sure to supply inform	stion requested above.)	
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Certification File Form



Enforcement Activity:

Certification

Status:

Review Completed

Company Name: Street Address: City, State, Zip Code

CATERPILLAR INC - JOLIET 2200 CHANNAHON ROAD JOLIET, IL 60436

Engineer:

Lucille Penson

EJ?

Priority/Sector:

No None

Geographic Initiative Area:

Air Program(s):

Title V

Air Programs Listed in AFS: (MVO) ?

Pollutant(s):

Citizens Award Requested?

FACIL

for: 1719700136

Type of Certification:

Title V

Certification Year:

2002

Date Received:

04/28/2003

Date Assigned:

Date Review Due:

04/30/2003

05/15/2003

Date Review Completed:

05/13/2003

Compliance Determination:

Compliance

Next Step:

NFA





ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF AIR POLLUTION CONTROL COMPLIANCE AND SYSTEMS MANAGEMENT SECTION 1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276

RECEIVED
APR 2 8 2003

AIR ENFORCEMENT BRANCH U.S. EPA, REGION 5

FOR AGENCY USE ONLY

CAAPP ANNUAI		ID NUMBER:
COMPLIANCE CERTIFI	 	PERMIT #:
	-	DATE:
EMISSION LINITS AT THE SOURCE AS REQUIRED.	BY 40 CFR 70.6 (c) (5), 39.5 G PERIOD IS JANUARY 1 1	NAPP PERMIT HOLDER SUBMIT AN ANNUAL COMPLIANCE CERTIFICATION FOR ALL 5 (7) (p) (v) OF THE ENVIRONMENTAL PROTECTION ACT AND CAAPP PERMIT CONDITION DECEMBER 31 AND IS DUE ON OR BEFORE MAY 1 FOR THE PRECEDING CALENDAY THIS REQUIREMENT.
	SOURCE	INFORMATION
2) SOURCE ADDRESS: 2200	Mar Inc	Rel.
3) CITY: Toliet		4) COUNTY: Will
5) TOWNSHIP:	6) STATE:	7) ZIP CODE: 6() 436
8) DATE FORM PREPARED:		9) SOURCE ID NO: 197809114C
10) CÁAPIT PERMIT NO.: 9512 11) CALENDAR YEAR OR REPORTING PER	OO 95 RIOD COVERED BY THIS	S REPORT:
2002		

SOURCE COMPLIANCE INFORMATION
12) CHECK EITHER (a) OR (b) BELOW:
(a) During the entire reporting period, this source was in continuous compliance with ALL terms and conditions contained in its CAAPP permit. The method used to determine compliance for each term and condition is the method specified in the permit.
(b) With the exception of the items identified in Table 1 and Table 2, this source was in continuous compliance with all terms and conditions contained in the permit. The method used to determine compliance for each term and condition is the method specified in the permit, unless otherwise indicated.
NOTE: Table 1 must be completed for all units and activities regardless of compliance status. Table 2 must be completed for all sources of intermittent or continuous noncompliance with any permit condition.

ATTACH	MENTS
13) Are you submitting any attachments with this report?	Yes ☐ No 🔀
If yes, please list the attachments below:	
Tryos, piedoc not the ditadimonto poloti.	
COMPLIANCE CERTIFICA	TION REPORT MAILING
In addition to submitting the Compliance Certification report (CASM), a copy of the Compliance Certification report mutually.	rt to the Compliance and Systems Management Section
appropriate IEPA regional field office. Addresses are liste	d in condition 8.6 of your CAAPP permit.
Please check the appropriate boxes.	
A copy of the Compliance Certification report has been subm	itted to USEPA.
Yes	No 🗆
A copy of the Compliance Certification report has been subm	itted to the appropriate IEPA regional field office.
Yes	No □
SOURCE CONT	ACT DEDCON
45) NAME OF TECHNICAL CONTACT DEDCON FOR THIS DEPORT.	ACT FERSON
15) NAME OF TECHNICAL CONTACT PERSON FOR THIS REPORT:	V 11 D
15) NAME OF TECHNICAL CONTACT PERSON FOR THIS REPORT: 16) TECHNICAL CONTACT PERSON TITLE:	Kevin M. Bennett 17) CONTACT PERSON'S TELEPHONE NUMBER:
16) TECHNICAL CONTACT PERSON TITLE:	Kevin M. Bennett
16) TECHNICAL CONTACT PERSON TITLE: Environmental Engineer	Kevin M. Bennett 17) CONTACT PERSON'S TELEPHONE NUMBER:
16) TECHNICAL CONTACT PERSON TITLE:	Kevin M. Bennett 17) CONTACT PERSON'S TELEPHONE NUMBER: AND SIGNATURE BLOCK
16) TECHNICAL CONTACT PERSON TITLE: ENVIOLEMENT FOR FOR EACH ENGINEER COMPLIANCE STATEMENT NOTE: A RESPONSIBLE OFFICIAL MUST SIGN THIS COMPLIANCE CERTIFICATION (INCOMPLETE). 18) I certify under penalty of law that this document and all at	Kevin M. Bennett 17) CONTACT PERSON'S TELEPHONE NUMBER: AND SIGNATURE BLOCK DN. UNSIGNED COMPLIANCE CERTIFICATIONS WILL BE RETURNED AS tachments were prepared under my direction or
16) TECHNICAL CONTACT PERSON TITLE: ENVIOLEMENT FOR FOR EACH FOR FOR EACH FOR FOR EACH FOR E	Kevin M. Bennett 17) CONTACT PERSON'S TELEPHONE NUMBER: AND SIGNATURE BLOCK ON. UNSIGNED COMPLIANCE CERTIFICATIONS WILL BE RETURNED AS tachments were prepared under my direction or ture that qualified personnel properly gathered and
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COMPLIANCE STATEMENT NOTE: A RESPONSIBLE OFFICIAL MUST SIGN THIS COMPLIANCE CERTIFICATION 18) I certify under penalty of law that this document and all at supervision in accordance with a system designed to assevaluated the information submitted. Based on my inqui gathering the information, the information submitted is, to complete. I am aware that there are significant penalties	Kevin M. Bennett 17) CONTACT PERSON'S TELEPHONE NUMBER: AND SIGNATURE BLOCK ON. UNSIGNED COMPLIANCE CERTIFICATIONS WILL BE RETURNED AS tachments were prepared under my direction or ure that qualified personnel properly gathered and my of the person or persons directly responsible for
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COMPLIANCE STATEMENT NOTE: A RESPONSIBLE OFFICIAL MUST SIGN THIS COMPLIANCE CERTIFICATION INCOMPLETE. 18) I certify under penalty of law that this document and all at supervision in accordance with a system designed to assevaluated the information submitted. Based on my inquigathering the information, the information submitted is, to complete. I am aware that there are significant penalties fine and imprisonment for knowing violations. AUTHORIZED SIGNATURE:	AND SIGNATURE BLOCK ON. UNSIGNED COMPLIANCE CERTIFICATIONS WILL BE RETURNED AS tachments were prepared under my direction or or or that qualified personnel properly gathered and my of the person or persons directly responsible for the best of my knowledge and belief, true, accurate, and
COMPLIANCE STATEMENT NOTE: A RESPONSIBLE OFFICIAL MUST SIGN THIS COMPLIANCE CERTIFICATION 18) I certify under penalty of law that this document and all at supervision in accordance with a system designed to assevaluated the information submitted. Based on my inquigathering the information, the information submitted is, to complete. I am aware that there are significant penalties fine and imprisonment for knowing violations. AUTHORIZED SIGNATURE:	Kevin M. Bennett 17) CONTACT PERSON'S TELEPHONE NUMBER: AND SIGNATURE BLOCK ON. UNSIGNED COMPLIANCE CERTIFICATIONS WILL BE RETURNED AS tachments were prepared under my direction or sure that qualified personnel properly gathered and my of the person or persons directly responsible for the best of my knowledge and belief, true, accurate, and for submitting false information, including the possibility of Business Unit Manager

Printed on Recycled Paper 401-CAAPP

Table 1.	Table 1. Listing of Compliance Status for Applicable Permit Terms and Conditions Source I. D.	s for Applicable Pe	ermit Terms and Conditions Source I. D. Number
Cateril	Mar Inc HEHS	Business Uni	197809AAC
(1) Permit Condition Reference Number	(2) Description of Permit Condition	(3) Compliance Status Continuous "C" Intermittent "I" Noncompliance "N"	(4) Compliance Determination Method
3.2.2	Addition of Insontiunt		411 new processes are revened by EHS.
52.26	1 2	Ċ	Daily Visual inspection.
7005	33	Û	Daily Visual and inspection.
523	j £	Ú	Envisonmenced Program written & Inflemented
5.2.5	Certified repair	Ú	All work is done by corifice outside contineer
5.5.1	Permitted Emission Limits	Ü	Merathly & Daily received Keeping,
5.6	Record Keeping	U	AAERS, Source records, Paint Usage
0.0	ERMS 1	<u> </u>	Annual Inspections & Audits by IEPA.
71272	Can Paint Sustem	J	System has been removed.
7.3		J	476501 is remembed, 1156503 Faint long
4.7	Chrime Plate Susten	V	Quarterly Inspections, Plessure Drops, lay of hay the
7,5	reat Fura	V	Cas usage has been externined by max
7.7	Value Sulvent Records	J	Not in Use
7.7	Boilery #1-4	V	Douby lag of eges usage
		Printed on Recycled Paper 401-CAAPP	voled Papeu

Table 1.	Table 1. Listing of Compliance Status for Applicable Permit Terms and Conditions	s for Applicable P	ermit Terms and Conditions
Source Name	8		Source I. D. Number
(1) Permit Condition Reference Number	(2) Description of Permit Condition	(3) Compliance Status Continuous "C" Intermittent "I" Noncompliance "N"	(4) Compliance Determination Method
87	Hir make-up heaters	00	Cas use monitored by Lawnton, and Vester Ron
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7.6	Newack Keeping)	Maintenguee receives Mitriy, Mit. 11

Printed on Recycled Paper 401-CAAPP

AIR ENFORCEMENT AND COMPLIANCE ASSURANCE BRANCH CASE FILE REQUEST FROM: LUCTLIE T. PENSON DATE: -ENGINEER: -PHONE: -PHONE: 3-5139 ATTORNEY: ____ CHECK APPROPRIATE BOX COMPLETE IN FULL ATERPILLAR IN STATE: ☐ MINNESOTA ☐ OHIO ILLINOIS ☐ INDIANA **DIVISION OR FACILITY: —** ☐ MICHIGAN ☐ WISCONSIN CITY OR COUNTY: -☐ CONFIDENTIAL BUSINESS SIP ENFORCEMENT REVIEW FILE INFORMATION (CBI) ☐ NESHAP POLLUTANT FOR CASE FILES CHECK APPROPRIATE BOX I INDEX 114 LETTER/RESPONSES ☐ INSPECTIONS BY DATE ☐ FOVMOV CHECKLIST □ 113 CONFERENCE NOTES CONSENT DECREE/ORDER ☐ REGULATION ☐ MISCELLANEOUS ☐ STACK TEST/SAMPLE/COC FORM REFERRAL COMPLAINTS/DEFENDANTS RESPONS DISCOVERY SECTION: a) Interrngatories filed separately by company c) Document produced by US EPA b) Deposition of US EPA d) Documents produced by Defendant(s) CHECK APPROPRIATE BOX: This is a: ☐ REQUEST FOR FILE Date File is Needed By: ___ REQUEST TO OPEN A NEW FILE (Be sure to supply information requested above.) REQUEST TO ADD MATERIAL TO AN EXISTING FILE SPECIAL FILING INSTRUCTIONS:



Certification File Form

9

Enforcement Activity:

Certification

Status:

Review Completed

Company Name: Street Address: City, State, Zip Code

CATERPILLAR INC - JOLIET 2200 CHANNAHON ROAD

JOLIET, IL 60436

Engineer:

Lucille Penson

EJ?

Priority/Sector:

No None

Geographic Initiative Area:

Air Program(s):

Title V

Air Programs Listed in AFS: (MV0) ?

Pollutant(s):

FACIL

for: 1719700136

Citizens Award Requested?

Type of Certification:

Title V

Certification Year:
Date Received:

2000

Date Assigned:

02/22/2001

Date Review Due:

02/26/2001

Date Review Completed:

02/26/2001

Compliance Determination:

Compliance

Next Step:

No further action.



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF AIR POLLUTION CONTROL COMPLIANCE AND SYSTEMS MANAGEMENT SECTION 1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276

		OR AGENCY USE ONLY
	ID NUMBER:	
CAAPP ANNUAL		
COMPLIANCE CERTIFICATION	PERMIT #:	
	DATE:	
L THE CLEAN AIR ACT PERMIT PROGRAM (CAAPP) REQUIRES THAT EACH	CAAPP PERMIT HOLDER SLIBM	IT AN ANNUAL COMPLIANCE CERTIFICATION FOR ALL
EMISSION UNITS AT THE SOURCE AS REQUIRED BY 40 CFR 70.6 (c) (5), 3 CONDITION 9.8. THE COMPLIANCE CERTIFICATION REPORTING PERIOD PRECEDING CALENDAR YEAR. THIS CERTIFICATION FORM CAN BE USEI	9.5 (7) (p) (v) OF THE ENVIRONA IS JANUARY 1 TO DECEMBER 3	MENTAL PROTECTION ACT AND CAAPP PERMIT 1 AND IS DUE ON OR BEFORE MAY 1 FOR THE
SOURC	E INFORMATION	
1) SOURCE NAME:		· · · · · · · · · · · · · · · · · · ·
⊄aterpillar Inc.		
2) SOURCE ADDRESS: 2000 G)		
2200 Channahon Rd.		
3) CITY:	4) COUNTY:	
Joliet		.11
5) TOWNSHIP: 6) STATE:		7) ZIP CODE:
l '	L	60436
8) DATE FORM PREPARED: Feb. 15, 2001	9) SOURCE ID NO.	197809AAC
10) CAAPP PERMIT NO.:		
95120095		
11) CALENDAR YEAR OR REPORTING PERIOD COVERED BY T	HIS REPORT:	
2000		
		•
SOURCE COM	PLIANCE INFORMATION	ON
12) CHECK EITHER (a) OR (b) BELOW:		
(a) During the autius reportion made the second		and Programme and Allert and Alle
(a) <u>x</u> During the entire reporting period, this sou		
conditions contained in its CAAPP permit. The method the method specified in the permit.	i used to determine com	ipliance for each term and condition is
the method specified in the permit.		
NOTE: If (a) is selected, completion of Table 1 is or	ntional. Table 2 does n	of need to be completed
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	•	
(b) With the exception of the items identified i	n Table 1 and Table 2. t	his source was in continuous
compliance with all terms and conditions contained in t		
term and condition is the method specified in the perm		
NOTE: If (b) is selected, complete Tables 1 and 2 f	or those units and/or a	ctivities that are in intermittent or
noncompliance status.		RECEIVED
		FEB 2 2 2001 - Q75/VB

AIR ENFORCEMENT BRANCH U.S. EPA, REGION 5

ATTACHMENTS						
13) Are you submitting any attachments with this report?	Yes □ No 🛣					
	105 L 140 A					
If yes, please list the attachments below:						
	CATION REPORT MAILING					
14) In addition to submitting the Compliance Certification report to the Compliance and Systems Management Section (CASM), a copy of the Compliance Certification report must also be submitted to the USEPA Region 5 and the appropriate IEPA regional field office. Addresses are listed in condition 8.6 of your CAAPP permit.						
Please check the appropriate boxes.						
A copy of the Compliance Certification report has been subr	mitted to USEPA.					
Ye	es ⊠ No □					
A copy of the Compliance Certification report has been sub-	mitted to the appropriate IEPA regional field office.					
Ye	es 🛚 No 🗆					
	ITACT PERSON					
	Kevin M. Bennett					
16) TECHNICAL CONTACT PERSON TITLE:	17) CONTACT PERSON'S TELEPHONE NUMBER:					
Environmental Engineer	(815) 729-6453					
COMPLIANCE OTATEMENT						
NOTE: A RESPONSIBLE OFFICIAL MUST SIGN THIS COMPLIANCE CERTIFICAT	IT AND SIGNATURE BLOCK TION, UNSIGNED COMPLIANCE CERTIFICATIONS WILL BE RETURNED AS					
INCOMPLETE.						
18) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						
AUTHORIZED SIGNATURE:						
BY: Rusself Dillyre	Facility Manager					
AUTHORIZED SIGNATURE	TITLE OF SIGNATORY					
G.A. Stampanato	21/6/01					
TYPED OR PRINTED NAME OF SIGNATORY	DATE					

AIR ENFORCEMENT AND COMPLIANCE ASSURANCE BRANCH CASE FILE REQUEST

FROM: LUCILLE T	PENSON	PASSE FILE NEVOES
		DATE:
ENGINEER:		PHONE:
ATTORNEY:		PHONE: 3-5/39
CHECK APPROPRIATE BO)X	COMPLETE IN FULL //
STATE:		SOURCE NAME: CATERPILLAR INC
☐ MINNESOTA	□ OHIO	
ILLINOIS	☐ INDIANA	DIVISION OR FACILITY:
☐ MICHIGAN	□ wisconsin	STOREST STATE OF THE STATE OF T
		CITY OR COUNTY: DUET
SIP ENFORCEMENT	CONFIDENTIAL BUSIN	
REVIEW FILE	INFORMATION (CBI)	
☐ NESHAP	POLLUTANT	
FOR CASE FILES CHECK	APPROPRIATE BOX	
□ INDEX	☐ 114 LETTER/	RESPONSES INSPECTIONS BY DATE
□ FOV/NOV	☐ CHECKLIST	☐ 113 CONFERENCE NOTES
☐ CONSENT DECREE/OF	RDER REGULATION	
STACK TEST/SAMPLE	¥ +	☐ COMPLAINTS/DEFENDANTS RESPONSE
DISCOVERY SECTION:		COM CANTISTOE ENDANTS RESPONSE
a) Interrogatories filed set b) Deposition of US EPA		Document produced by US EPA Documents produced by Defendant(s)
CHECK APPROPRIATE BO	X: This is a:	
☐ REQUEST FOR FILE	Date File is Needed By:	
	Other:	
	Outer:	
☐ REQUEST TO OPEN A	NEW FILE (Be sure to supply info	ormation requested above.)
REQUEST TO ADD MA	ATERIAL TO AN EXISTING FILE	
SPECIAL FILING INSTRUC	5 e 2 n e	
	Treation.	
		* * * * *



Certification File Form

Q. 2

Enforcement Activity:

Certification

Status:

Review Completed

Company Name: Street Address: City, State, Zip Code CATERPILLAR INC - JOLIET 2200 CHANNAHON ROAD

JOLIET, IL 60436

Engineer:

Lucille Penson

EJ?

No

Priority/Sector:

None

Geographic Initiative Area:

Air Programs Listed in

Air Program(s):

Title V

AFS: (MV0) ?

Pollutant(s):

FACIL

for: 1719700136

Citizens Award Requested?

Type of Certification:

Title V

Certification Year:

1999

Date Received:

08/03/2000

Date Assigned:

08/03/2000

Date Review Due:

08/18/2000

Date Review Completed:

08/07/2000

Compliance Determination:

Compliance

Next Step:

No further action. Form 600-CAAPP.



RECEIVED

AUG 0 3 2000

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
COMPLIANCE AND SYSTEMS MANAGEMENT SECTION
1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276
SPRINGFIELD, ILLINOIS 62794-9276



	IJ.S. EPA, REG. 5		FOR AGENCY USE ONLY				
			IDN	UMBER:			
CAAPP ANNUAL COMPLIANCE CERTIFICATION							
			PERMIT #:				
			DAT	.			
			DATE.				
VOITION 9.8. THE C	DE SUURLE AS RECURRED BY	40 CFR 70.6 (c) (5), 3 REPORTING PERIOD	39.5 (7) (p	O) (V) OF THE ENVIRONI	IIT AN ANNUAL COMPLIANCE CERTIFICATION FO MENTAL PROTECTION ACT AND CAAPP PERMIT 11 AND IS DUE ON OR BEFORE MAY 1 FOR THE HIS REQUIREMENT.		
		SOURC	E INF	ORMATION			
SOURCE NAMI	Caterpillar Inc	c.	-		:		
SOURCE ADDI		D.7					
CITY:	2200 Channahon	Ka.		A) COUNTY	•		
	Joliet		4) COUNTY: Will				
TOWNSHIP:		6) STATE:	•		7) ZIP CODE:		
	Joliet		IL		60436		
DATE FORM P	REPARED:			9) SOURCE ID NO.			
	July 25, 2000				197809AAC		
) CAAPP PERMI	T NO.: 95120095						
V CAL CNO VO VE		5 00 II 5 1					
) CALENDAR YE	AR OR REPORTING PERIO	O COVERED BY T	HIS RE	PORT:			
	1999						
		SOURCE COM	PLIAN	ICE INFORMATION	ON		
2) CHECK EITHE	R (a) OR (b) BELOW:						
onditions conta	ring the entire reporting ained in its CAAPP pernectified in the permit.	period, this sou nit. The method	ırce wa d used	as in continuous to determine con	compliance with ALL terms and appliance for each term and condition i		

NOTE: If (b) is selected, complete Tables 1 and 2 for those units and/or activities that are in intermittent or noncompliance status.

term and condition is the method specified in the permit, unless otherwise indicated.

(b) _____ With the exception of the items identified in Table 1 and Table 2, this source was in **continuous** compliance with all terms and conditions contained in the permit. The method used to determine compliance for each

ATTACHMENTS							
13) Are you submitting any attachments with this report?	Yes		No	X)			
	. 50	.=	, .				
If yes, please list the attachments below:							
COMPLIANCE CERTIFICA	TION REPOR	RT MAIL	ING				
14) In addition to submitting the Compliance Certification report to the Compliance and Systems Management Section (CASM), a copy of the Compliance Certification report must also be submitted to the USEPA Region 5 and the appropriate IEPA regional field office. Addresses are listed in condition 8.6 of your CAAPP permit.							
Please check the appropriate boxes.							
A copy of the Compliance Certification report has been subm	litted to LISED	٥Δ					
A copy of the Compilation Certification report has been subm	IO USEF	rt.					
Yes	s 🛛 I	No					
A copy of the Compliance Certification report has been subm	nitted to the an	propria	e IEPA re	gional field office.			
				<u> </u>			
Yes	s 🕅	No					
				VATURE			
		M					
SOURCE CONT 15) NAME OF TECHNICAL CONTACT PERSON FOR THIS REPORT:	AUT PERSO	N					
	Bruce H.	<u>Gi</u> lru	<u>th</u>				
16) TECHNICAL CONTACT PERSON TITLE:	17) CONTACT F	PERSON'S	S TELEPHO	NE NUMBER:			
Plant Metallurgical Services Manager	(8]	15) 72	9–6730				
COMPLIANCE STATEMENT	AND SIGNA	TURF F	BLOCK				
NOTE: A RESPONSIBLE OFFICIAL MUST SIGN THIS COMPLIANCE CERTIFICATION				TIONS WILL BE RETURNED AS			
18) I certify under penalty of law that this document and all a	ttachmente ···	ere pro-	ared und-	or my direction or			
supervision in accordance with a system designed to assevaluated the information submitted. Based on my inquigathering the information, the information submitted is, to complete. I am aware that there are significant penalties fine and imprisonment for knowing violations.	sure that quali iry of the perso o the best of m	fied per on or pe ny know	sonnel pro rsons dire ledge and	perly gathered and ctly responsible for belief, true, accurate, and			
AUTHORIZED SIGNATURE:							
BY: Thirt in	_	_	-				
yesu 4:	Vice	Presi	<u>dent</u>				
AUTHORIZED SIGNATURE	\bigcirc .	TI	TLE OF SIGNA				
Robert R. Macier	July	/	25				
TYPED OR PRINTED NAME OF SIGNATORY			DATE				